Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Oate 5-21-59 *Partial Use continuation sheet(s) if necessary (Payee must NOT use this space) Differences Odwhon a like certificate is made by payee on attached bill or bills) Amount verified; correct for (Signature or initials)	U.S. COST		(Department, bure	au, or establishment)				PA	AID BY
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